

<p align="center"><b>TRANSMITTAL FORM</b></p> <p align="center"><i>(to be used for all correspondence after initial filing)</i></p>	Application Number	10/813,963
	Filing Date	March 31, 2004
	First Named Inventor	Surajit Chaudhuri
	Group Art Unit	2165
	Confirmation Number	5889
	Examiner Name	Michael J. Hicks
<input type="checkbox"/> Sent via Express Mail Label No.:	Attorney Docket Number	307523.01

ENCLOSURES (check all that apply)										
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply ( pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A ( pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s) ( sheets)  <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed ( pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) ( pages)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Application Data Sheet  <input type="checkbox"/> Request for Corrected Filing Receipt  <input type="checkbox"/> Return Receipt Postcard  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Issue Fee Transmittal <input checked="" type="checkbox"/> Comments on Statement of Reasons for Allowance  <input type="checkbox"/>								
<p><b>CERTIFICATE OF MAILING OR TRANSMISSION</b> (Under 37 CFR § 1.8(a))</p> <p>I hereby certify that this correspondence is being electronically deposited with the USPTO via EFS-Web on the date shown below:</p> <table border="0"> <tr> <td>January 9, 2009</td> <td>/Noeml Tovar/</td> </tr> <tr> <td>Date</td> <td>Signature</td> </tr> <tr> <td></td> <td>Noeml Tovar</td> </tr> <tr> <td></td> <td>Printed Name</td> </tr> </table>			January 9, 2009	/Noeml Tovar/	Date	Signature		Noeml Tovar		Printed Name
January 9, 2009	/Noeml Tovar/									
Date	Signature									
	Noeml Tovar									
	Printed Name									
<p>Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.</p>										

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